Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012497	A. BUILDING: _____ B. WING _____	R-C 03/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMPLIGHT INN AT THE LELAND	900 SOUTH A STREET RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This was a Post Survey Revisit (PSR) to the Investigation of Complaint IN00120676 completed on December 19, 2012. This visit was in conjunction with the Investigation of Complaint IN00125197. Survey dates: March 14 and 15, 2013 Facility number: 012497 Provider number: 012497 AIM number: N/A Survey team: Sharon Lasher RN, TC Barbara Gray RN Census bed type: Residential: 76 Total: 76 Census bed type: Other: 76 Total: 76 Sample: 3 Lamplight Inn at the Leland was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00120676. Quality review 3/19/13 by Suzanne Williams, RN	{R 000}		